

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE MIDDLE DISTRICT OF PENNSYLVANIA

IN RE:
Safronia Perry

Debtor

)
) CHAPTER 7
) No. 1-15-00458 HWV
)

DEBTOR'S AMENDED SCHEDULE I

The Debtor(s) in the above-captioned case hereby amend schedule

I (updating income at the time of conversion to chapter 7) by substituting the attached schedule for the schedule originally filed, pursuant to Fed. R. Bankr. P. 1009.

Dated: 10-31-18

By:


Michael S. Travis
ID No. 77399
3904 Trindle Road
Camp Hill, PA 17011
(717) 731-9502
mtravislaw@comcast.net
Attorney for Debtor

Fill in this information to identify your case:

Debtor 1 **Safronia** **L.** **Perry**
First Name Middle Name Last Name

Debtor 2
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **MIDDLE DIST. OF PENNSYLVANIA**

Case number
(if known) **15-00458 HWV**

Check if this is:

- ☒ An amended filing
- ☐ A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status

Occupation

Employer's name

Employer's address

Debtor 1

- ☒ Employed
☐ Not employed

non profit

Hope Station

Number Street

City

State Zip Code

How long employed there?

Debtor 2 or non-filing spouse

- ☐ Employed
☐ Not employed

Number Street

City

State Zip Code

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2. \$3,500.00	
3. Estimate and list monthly overtime pay.	3. + \$0.00	
4. Calculate gross income. Add line 2 + line 3.	4. \$3,500.00	

	For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here → 4.	\$3,500.00	

5. List all payroll deductions:

- 5a. Tax, Medicare, and Social Security deductions
 5b. Mandatory contributions for retirement plans
 5c. Voluntary contributions for retirement plans
 5d. Required repayments of retirement fund loans
 5e. Insurance
 5f. Domestic support obligations
 5g. Union dues
 5h. Other deductions.

5a.	\$722.00
5b.	\$0.00
5c.	\$0.00
5d.	\$0.00
5e.	\$0.00
5f.	\$0.00
5g.	\$0.00
5h. +	\$0.00

Specify: _____

6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.6. **\$722.00****7. Calculate total monthly take-home pay.** Subtract line 6 from line 4.7. **\$2,778.00****8. List all other income regularly received:**

- 8a. Net income from rental property and from operating a business, profession, or farm

Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.

8a. **\$0.00**

- 8b. Interest and dividends

8b. **\$0.00**

- 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive

8c. **\$0.00**

Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.

- 8d. Unemployment compensation

8d. **\$0.00**

- 8e. Social Security

8e. **\$0.00**

- 8f. Other government assistance that you regularly receive

Include cash assistance and the value (if known) or any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.

Specify: _____

8f. **\$0.00**

- 8g. Pension or retirement income

8g. **\$0.00**

- 8h. Other monthly income.

Specify: **income tax rfd addback**8h. + **\$100.00****9. Add all other income.** Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.9. **\$100.00****10. Calculate monthly income.** Add line 7 + line 9.

Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.

10. **\$2,878.00**+ **\$100.00** = **\$2,878.00****11. State all other regular contributions to the expenses that you list in Schedule J.**

Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.

Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.

Specify: _____

11. + **\$0.00****12. Add the amount in the last column of line 10 to the amount in line 11.** The result is the combined monthly income. Write that amount on the Summary of Your Assets and Liabilities and Certain Statistical Information, if it applies.12. **\$2,878.00**

Combined
monthly income

13. Do you expect an increase or decrease within the year after you file this form?☐ No.☒ Yes. Explain:

surrendering house

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Safronia Perry

Debtor

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Debtor(s) Verification

I declare under penalty of perjury that I have read the attached
amended schedule(s) and they are true and correct to the best of my knowledge,
information and belief.

Date: 10-29-18

Safronia Perry
Safronia Perry, Debtor

Date:

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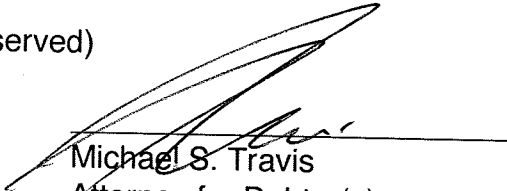
Certificate of Service Amended Schedule I

I, Michael S. Travis, attorney for the Debtor(s), hereby certifies that a copy of the foregoing amendment of the Debtor(s) has this day been served upon the trustee in this case and affected creditor(s) and persons listed as follows by first-class mail or the means specified.

(electronically served)

United States Trustee
(electronically served)

Safronia Perry
(electronically served)



Michael S. Travis
Attorney for Debtor(s)
3904 Trindle Road
Camp Hill, PA 17011
(717) 731-9509

Date: 10-31-18